## Agency Report of: Ceremonial Role Events and **Ticket/Admission Distributions**

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. Agency Name				Date Stamp	California 802
County of Los Angeles			Form OU2		
Division, Department, or Region (if appl	icable)		3000 No. 10 No.	1	For Official Use Only
Board of Supervisors - Fifth District					
Street Address					
500 W. Temple St. #869, LA 90012					
Designated Agency Contact (Name, Title,		Amendment (Must provide explanation in Part 3.)			
Linda Balderrama - Ticket Administra	tor			Amendment (Mu	st provide explanation in Part 3.)
Area Code/Phone Number E-mail				Date of Original Filin	ng:(month, day, year)
213-974-5555 fifthdistr	rict@lacbos.org				(monun, day, year)
Function, Event, or Ceremonial		tion			
. Tanonon, Event, er coroniemar					
Title LA Opera			Face \	/alue of Each Adm	nission \$ 210.00
				00 44 45	
Description Opera			Date(s	s)//////////_	
Ticket(s)/Admission(s) provided by	agency? Yes	□ No ☑	I If no: Musi	c Center	
	1 A			Name	e of Source
	Reference i can notae conso		100-07 - 100 - 107 - 170-07 -	42344999 HSSI 1	Security 2
Was the distribution to persons ide	entified below n	nade at th	e behest of	an agency officia	1?
Anton	ovich Mike Supen	vienr			
Yes No If yes: Anton	Official's	Name (Last. I	First) and Title		
	ovich, Mike Superv		First) and Title		
The identity of recipient(s) and t			First) and Title		
The identity of recipient(s) and to			Check th	e income box if the agenc	ry official claims admission as
The identity of recipient(s) and to Name (Last, First)	the explanation	Agency	Check th taxable in	e income box if the agenc	cy official claims admission as clal performed a ceremonial role,
The identity of recipient(s) and to	Number of Admission(s)/	on:	Check th taxable in also prov     If not inc.	e income box if the agenc ncome. If the agency offic ride a description. ome, describe the public	purpose, including
The identity of recipient(s) and to Name (Last, First) or	the explanation	Agency	Check th taxable in also prov     If not inc.	e income box if the agenc ncome. If the agency offic ride a description. ome, describe the public ial roles, performed by an	cial performed a ceremonial role,
Name (Last, First) or Organization	Number of Admission(s)/	Agency	Check th taxable in also prov If not inconceremonic	e income box if the agenc ncome. If the agency offic ride a description. ome, describe the public ial roles, performed by an	cial performed a ceremonial role, purpose, including agency official, individual, or
Name (Last, First) or Organization	Number of Admission(s)/	Agency Official	Check th taxable in also prov If not inconceremonic	e income box if the agenc ncome. If the agency offic ride a description. ome, describe the public ial roles, performed by an	cial performed a ceremonial role, purpose, including agency official, individual, or
The identity of recipient(s) and to Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official  Yes  No    No	Check th taxable in also prov If not inconceremonic	e income box if the agenc ncome. If the agency offic ride a description. ome, describe the public ial roles, performed by an	cial performed a ceremonial role, purpose, including agency official, individual, or
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Name (Last, First) or Organization (Name, Address, Description)  Saparito, Stephanie	Number of Admission(s)/	Agency Official  Yes	Check th taxable in also prov If not inconceremonic	e income box if the agenc ncome. If the agency offic ride a description. ome, describe the public ial roles, performed by an	cial performed a ceremonial role, purpose, including agency official, individual, or Income
Name (Last, First) or Organization (Name, Address, Description)  Saparito, Stephanie	Number of Admission(s)/	Agency Official  Yes	Check th taxable in also prov If not inconceremonic	e income box if the agenc ncome. If the agency offic ride a description. ome, describe the public ial roles, performed by an	purpose, including agency official, individual, or  Income
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Name (Last, First) or Organization (Name, Address, Description)  Saparito, Stephanie  retain quality employees  Verification I have read and understand FPPC Regulation in accordance with the provisions.	Number of Admission(s)/ Ticket(s)  2	Agency Official  Yes	Check th taxable in also prove if not inconstruction organization.  ave verified to taxable in also prove the taxable in all taxable in also prove the taxable in all	e income box if the agency office a description.  ome, describe the public lial roles, performed by an action.	Income
Name (Last, First) or Organization (Name, Address, Description)  Saparito, Stephanie  retain quality employees  Verification I have read and understand FPPC Regulation in accordance with the provisions.	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	Check th taxable in also prove if not inconstruction organization.  ave verified to taxable in also prove the taxable in all taxable in also prove the taxable in all	e income box if the agency ncome. If the agency office vide a description. ome, describe the public ial roles, performed by an tion.	Income Income Income Income Income Income Income